

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF EMPLOYMENT SERVICES**

**OFFICE OF YOUTH PROGRAMS**

**MAYOR'S YOUTH LEADERSHIP INSTITUTE  
PROGRAM YEAR 2006-2007**

**NEW PARTICIPANT APPLICATION**

Applicants must be residents of the District of Columbia, 14 to 17 years of age, and registered for the 2006 Passport-to-Work Summer Youth Employment Program. For additional information, please call (202) 698-3492.

**\*\*\* REGISTRATION FOR THE 2006 PASSPORT-TO-WORK SUMMER YOUTH EMPLOYMENT PROGRAM ENDS APRIL 21, 2006\*\*\***

**PERSONAL INFORMATION (Please print or type.)**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code) Ward \_\_\_\_\_

Social Security Number \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
(Male) (Female)

Parent/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Home) (Work)

Address \_\_\_\_\_  
(City) (State) (Zip Code)

Do you live in public housing? \_\_\_\_ Yes \_\_\_\_ No

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

In case of emergency, whom should we contact?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
(City) (State) (Zip Code)

How did you learn about the Institute? \_\_\_\_\_

**HEALTH INFORMATION**

Do you have any medical or physical conditions that would affect your participation in certain activities?

\_\_\_\_ Yes \_\_\_\_ No If yes, explain. \_\_\_\_\_

Do you have any dietary restrictions? (medical, religious, other)

\_\_\_\_ Yes \_\_\_\_ No If yes, explain. \_\_\_\_\_

Do you have any allergies?

\_\_\_\_ Yes \_\_\_\_ No If yes, explain. \_\_\_\_\_

Are you currently taking any prescription medication?

\_\_\_\_ Yes \_\_\_\_ No If yes, explain. \_\_\_\_\_

## WORK EXPERIENCE/VOLUNTEER EXPERIENCE

List work experience(s) (include dates of employment, volunteer and community service). \_\_\_\_\_

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## TALENTS AND INTERESTS

List your extracurricular activities, hobbies, and interests. \_\_\_\_\_

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## HONORS AND AWARDS

List your honors and awards. \_\_\_\_\_

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## COLLEGE OR EDUCATIONAL PLANS

Describe your plans for continuing your education or vocational training. \_\_\_\_\_

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## CAREER GOALS

Describe your career plans. \_\_\_\_\_

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*If necessary, you may attach additional sheets for your answers.*

# MAYOR'S YOUTH LEADERSHIP INSTITUTE

## RECOMMENDATION FORM

*This recommendation must be completed by a community leader, teacher, employer, or leader from the faith-based community. The individual cannot be a family member or a personal friend.*

Applicant's Name \_\_\_\_\_

*Please rank the applicant on a scale of 1 to 10, with 10 being the highest, in the following categories:*

Attitude	_____	Creativity	_____	Academics	_____
Personality	_____	Discipline	_____	Listening Skills	_____
Initiative	_____	Leadership	_____	Punctuality	_____
Friendliness	_____	Communication Skills	_____	Work Habits	_____

How long have you known the applicant? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

(Please Print)

Affiliation/Organization \_\_\_\_\_

**PERSONAL STATEMENTS** (Please note that there are no right or wrong responses, so feel free to answer openly and honestly. Attach additional sheets if necessary.)

What do you think is the most important characteristic of a good leader? \_\_\_\_\_

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Imagine you are the Mayor. What two actions would you take to make the District of Columbia a better place to live?

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What are your reasons for applying to the Institute? \_\_\_\_\_

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Are you able to commit at least thirty (30) hours per month to participate in the Institute's School-Year Component? ☐ Yes ☐ No

Have you previously applied to the Institute ? ☐ Yes ☐ No

Please check your T-shirt size (one size only)

☐ Medium ☐ Large ☐ X-Large ☐ XX-Large ☐ XXX-Large

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent / Guardian's Signature

\_\_\_\_\_  
Date

**NOTE: To be considered an applicant for the Institute, youth must register for the 2006 Passport-to-Work Summer Youth Employment Program by April 21, 2006. An application packet can be picked up at the D.C. Department of Employment Services' Office of Youth Programs, 625 H Street, N.E., or downloaded at <http://does.dc.gov>. Once completed, please bring the application along with the completed *2006 Certification and Consent Form* and required documentation to the Office of Youth Programs, 625 H Street, N.E. For additional information, call (202) 698-3492.**

***DEADLINE FOR SUBMISSION OF THIS APPLICATION IS FRIDAY, APRIL 21, 2006.***  
***This completed application must be received in the Office of Youth Programs by the deadline date.***  
***The Office of Youth Programs is located at 625 H Street N.E.***  
***Washington D.C. 20002-4347***

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
ANTHONY A. WILLIAMS, MAYOR



DEPARTMENT OF EMPLOYMENT SERVICES  
GREGORY P. IRISH, DIRECTOR